

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101549,460

FILING DATE

9-16-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4			1			
5			1			
6				5		
7				5		
8			1			
9				1		
10			1			
11				1		
12				5		
13			1			
14			1			
15			1			
16				1		
17				1		
18				2		
19			1			
20				2		
21			1			
22			1			
23				1		
24			1			
25			1			
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50						
TOTAL IND.		↓	15	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						